

Child's Name:

Rhode Island Department of Elementary & Secondary Education

Model Form to Assist Parents/Guardians or Public Agencies in Requesting A Special Education Impartial Due Process Hearing

(Revised 6/2011)

This form assists you in providing the information needed for requesting a special education impartial due process hearing on a matter related to the identification, evaluation, educational placement/services, or provision of a free, appropriate public education of a child with a disability under the Individuals with Disabilities Education Act (IDEA). It is recommended that this <u>due process complaint</u> action is used only after the parties have attempted other remedies such as informal, local resolution, mediation, or written special education state complaint, as applicable. Special Education dispute resolution processes are explained on the Department's website at: http://www.ride.ri.gov/OSCAS/Dispute resolution/ Assistance with this form is available from the Office of Student, Community and Academic Supports Call Center at (401) 222-8999 or at (401)222-8344.

<u>_</u>		Date of Birth:
matic	Address where the child lives:	School & Grade Level that the child attends:
Child's Information	Street	City/Town where the school is located:
Child	City	City or Town
	State, Zip	- City of Town
Parent(s)'/Guardian (s)' Information	Parent(s) or Guardian(s) Name(s):	Parent(s) Phone/Contact Number(s):
	Mailing Address (if different than child's)	Language used for <u>printed</u> material: Language preferred for spoken conversation:
Parer (s)′		
	(Street, City, State, Zip)	
	(Please use an additional pa	ge for the following, as needed.)
Allegation	Please state the nature of the problem of the child, relating to the proposed or refused initiation or change of the child's identification, evaluation, educational placements or provision of free, appropriate public education:	
Facts	Please describe the facts related to the problem:	
Proposed Resolution	To the extent known, what would resolve the problem?	
	ATTORNEYS OF I	RECORD, IF KNOWN:
For the Parent(s)		For the public agency
	PARTY FILING DUE	PROCESS COMPLAINT:
NAME (Print):		
ADDR	ESS:	
Street City/Tov		State Zip Code
	ICATION THAT A COPY OF THIS DUE PROCESS COMPL R PARTY TO THIS COMPLAINT (PARENT OR SCHOOL S	AINT/HEARING REQUEST IS BEING FORWARDED TO THE UPERINTENDENT) (Circle one) Yes No
SIGNATURE:		Date
		tained within, to: Dispute Resolution, Suite 500,Office of

Student, Community and Academic Supports, RI Dept. of Education, 255 Westminster Street, Providence, RI 02903.